

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Robert Joseph Blake.

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:10-1242
(Number to be assigned by Court)

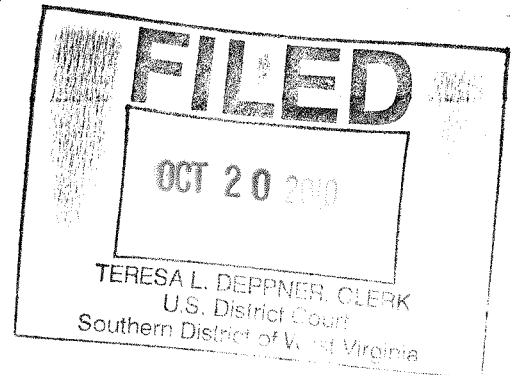
MARYANN KENDRECK.

Nate Kendrick.

and another CO

Sgt Price Mazer.

(Enter above the full name of the defendant
or defendants in this action)



COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes ☒ No ☐

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

JOSEPH BLAKE

Defendants:

CO DAVID MILLER

COUNSELOR TIM CARROLL

SGT PRICE MAZE

2. Court (if federal court, name the district; if state court, name the county);

CHARLESTON WEST VIRGINIA

3. Docket Number: 2:10-00031

4. Name of judge to whom case was assigned:

THOMAS E. JOHNSON

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

still pending

6. Approximate date of filing lawsuit: MAY 4-2010

7. Approximate date of disposition:

N/A

A. Is there a prisoner grievance procedure in this institution?

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

C. If you answer is YES:

2. What was the result?

D. If your answer is NO, explain why not: _____

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

Address: Montagire Correctional Center

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mary Ann Kendrick

is employed as: Nurse

at Mount Olive Correctional Complex
1 Mountain Side Way Mount Olive WV 25185

D. Additional defendants: Vate Kendrick

CO at Mount Olive Correctional
Complex 1 Mountain Side Way Mount
olive, 1 Mountain Side Way Mount Olive
WV 25185

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Back last year Co Vate Kendrick and
Co Price Marzan and another Co took me
to Med ill and they try to smother me with
a pillow and Nurse Mary Ann Kendrick
was in vol 4 1150 - ~~41150~~

IV. Statement of Claim (continued):

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

What I would like for the court to do
is spend them and have them to trans-
fer me back up at VRJ on the doc
side up there and have them to give
me the janitor job -

V. Relief (continued):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

Person.

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☒ No ☐

If so, state the name(s) and address(es) of each lawyer contacted:

Ashley Pack

300 Capitol Street, 12th floor

Charleston, WV 25301

If not, state your reasons: _____

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☒ No ☐

If so, state the lawyer's name and address:

Ashley Pack - 300 Capitol Street
12th floor Charleston West Virginia
25301.

Signed this 10 day of Oct, 2010.

Robert Joseph Blake.

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Oct-10-2010.
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)